

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1851

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

OF DEATH AND RESIDENCE 2222	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>16 Yrs.</u> IN ARIZONA <u>16 Yrs.</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		3. REGISTERAR'S NO. <u>324</u>	
	C. CITY OR TOWN <u>Tucson</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Tucson</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tucson Medical Center</u>				D. STREET ADDRESS <u>2625 No. Forgeus</u>			
EDENT SONAL DATA 148 4 354	3. NAME OF DECEASED (TYPE OR PRINT) <u>Evelyn Layton Brown</u>		4. SEX <u>Female</u>		5. COLOR OR RACE <u>White</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
	6B. NAME OF SPOUSE <u>William H. Brown</u>		7. DATE OF BIRTH MONTH <u>3</u> DAY <u>29</u> YEAR <u>05</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>48</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New Jersey</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u> <u>None</u>	
CAUSE OF DEATH EM 18)	14A. FATHER'S NAME <u>Arthur Layton</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New Jersey</u>		15A. MOTHER'S MAIDEN NAME <u>Frances Morris</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>New Jersey</u>	
	16. INFORMANT'S SIGNATURE <u>William H. Brown</u>				17. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>10</u> (YEAR) <u>1954</u>			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>2641</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>hyperpotassemia</u> DUE TO (B) <u>acute myelogenous leukemia</u> DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
ATIONS, TOPSY EATH E TO ERNAL LENCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)			
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
ICAL CORONER'S ICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dec</u> , 19 <u>50</u> , TO <u>March</u> , 19 <u>54</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>March 10</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>3:50</u> P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE (DEGREE OR TITLE) <u>Harriet Barntell, M.D.</u>				23B. ADDRESS <u>1641 N. Tucson Blvd Tucson</u>			
	23C. DATE SIGNED <u>3/11/54</u>							
IERAL ECTOR ND STRAR	24A. BURIAL <input checked="" type="checkbox"/> XX CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>3-13-54</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Southlawn Memorial Park</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>	
	25A. DATE REC'D BY LOCAL REG. <u>3-12-54</u>		25B. REGISTRAR'S SIGNATURE <u>James H. Oakley</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Bring</u>		ADDRESS <u>Bring's Funeral Home</u>	
			27. EMBALMER'S SIGNATURE <u>Arthur J. Adams</u>				CERT. NO. <u>260A.</u>	